

MIHP RECORD REVIEW PROCESS (rev. 1/27/12)

- All MIHP providers will undergo regularly scheduled reviews of a convenience sample of de-identified client records. This review will coincide with the MIHP recertification process. The purpose of this review is to ensure program fidelity (i.e., that all MIHP providers are providing services according to program policies and procedures).
- MDCH will determine risk domains of focus each calendar year. The domains for review in 2012 are tobacco, depression, and housing.
- All MIHP provider will submit 6 records for each domain, as follows:

Domain	Client Risk Level	Number of Records
<i>Tobacco Use</i>	Moderate	6
<i>Depression</i>	Moderate	3
	High	3
<i>Housing</i>	Moderate	3
	High	3
	Total Records	18

- For reviews occurring in 2012, records will be submitted for clients with a last visit occurring between 6/1/11 and 2/28/12.
 - NOTE: It is expected that the client discharge summary will be completed, signed and dated and submitted with the client record. Completion of the discharge summary will be an element of the review.
- All MIHP providers will submit a representative sample of completed records for maternal clients discharged from MIHP services between 6/1/11 and 2/28/12. Eighteen records per agency are to be selected based on risk status (determined by maternal risk screening results) in the three MIHP domains: tobacco use, depression, and housing. If a provider had less than 6 client records in a domain for the specified time period, all records for the domain are to be submitted with a note to that effect.
- All documents in each client record will be submitted, including the maternal screening scoring results page, plans of care with interventions by risk level, progress notes, records of coordination with health plans/providers/community agencies, contacts with client (in home, other locations, or by telephone with dates/times), discharge summaries, and all other documents supporting MIHP program interventions.
 - Any records submitted without required documentation will be recorded as not meeting criteria.
 - If a provider had less than 6 completed client records in a domain for the specified time period, all records for the domain are to be submitted with a note to that effect.
- MIHP providers will completely de-identify (blind) client records. Elements to be blinded include any entry that could lead to the identification of an individual client, including (but not limited to) first name, last name, date of birth, street address, city, zip code, telephone number, email address, any identifiers such as Medicaid beneficiary ID, client record number, social security number, etc. NOTE: MIHP provider name and credentials should NOT be blinded! To blind records, each element must be completely covered using heavy black marker so client information is totally illegible.
 - Any record(s) not blinded will be confidentially destroyed, and the MIHP provider will be required to submit blinded replacement(s).
 - Appropriate blinding and timely record submission will be elements of the record review.

- MIHP providers will send blinded client records to MDCH by the FIRST DAY OF THE MONTH PRECEDING THE PROVIDER’S SCHEDULED RECERTIFICATION REVIEW.
 - For example, for those providers with recertification reviews scheduled in April, client records must be submitted to MDCH no later than March 1.
- MDCH will log in records for each agency, batch the records to be reviewed in the current month, and submit the blinded records to IHCS.
- IHCS Quality Improvement project managers (registered nurses) will review the records using a standardized instrument to assess the presence/absence of required elements and the frequency and nature of interventions by risk level. This is a component of the overall MIHP evaluation and differs from those reviews conducted with the provider certification or recertification processes. The review conducted by IHCS demonstrates how providers are delivering evidence-based interventions relative to maternal risk, an important component of program fidelity.
- IHCS will enter findings into a password-protected project database and will provide MDCH with provider-specific reports by the end of the month of the recertification review.
 - For example, for reviews scheduled during April, IHCS will receive records from MDCH during the first week in March, review the records during March and April, and submit reports to MDCH no later than April 30.
- The review process and findings will be discussed by the MIHP Administrative Team on an ongoing basis.